



# County of San Diego

## HEALTH AND HUMAN SERVICES AGENCY

NICK MACCHIONE, FACHE  
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.  
PUBLIC HEALTH OFFICER

PUBLIC HEALTH SERVICES  
HEALTH SERVICES COMPLEX

3851 ROSECRANS, SAN DIEGO, CALIFORNIA 92110  
(619) 531-5800 FAX (619) 542-4186

Epidemiology & Immunization Services  
Emergency & Disaster Medical Services  
HIV, STD and Hepatitis  
Maternal, Child and Family Health Services  
Public Health Laboratory  
PH Nursing  
Border Health  
TB Control & Refugee Health  
Vital Records

Base Station Physicians' Committee  
Michele Grad, M.D., Chairperson  
c/o Emergency Medical Services  
6255 Mission Gorge Road  
San Diego, CA 92120  
(619) 285-6429 Fax: (619) 285-6531

### BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES

Tuesday, October 16, 2012

#### Members Present

Dunford, M.D., Jim – City of San Diego EMS  
Grad, M.D., Michele – Palomar BHMD  
Haynes, M.D., Bruce – County EMS  
Kahn, M.D., Chris – UCSD  
Klingensmith, Todd – S.D. Paramedic Association  
Kramer, M.D., Mark – Sharp Memorial BHMD  
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC  
Miller, M.D., Alexander - NMCSO  
Reilly, M.D., Ian – Scripps La Jolla BHMD  
Schwartz, M.D., Brad – AMR/RCCP  
Smith, D.O., Ryan – Tri-City Medical Center  
Wang, M.D. Marcus – Scripps Mercy BHMD  
Workman, R.N., Debi – Paramedic Training Programs

#### County Staff

Smith, R.N., Susan  
Stepanski, Barbara

#### Recorder

Loginov, Clara

#### In Attendance

Allington, R.N., Linda – Carlsbad Fire  
Anderson, R.N., Marilyn – Vista Fire

#### In Attendance (con'd)

Bourdon, R.N., Darlene – Scripps Mercy BHNC  
Broyles, R.N., Linda – AMR/RCCP  
Cavanaugh, Mary – Miramar Fire  
Conover, William – Camp Pendleton Fire  
Dotson, R.N., Melody – UCSD  
Duffy, Jennifer – Escondido/San Marcos  
Graydon, R.N., Cheryl – Palomar BHNC  
Healy, R.N., Marla – Sharp Memorial  
Howard, M.D., James – UCSD EMS Fellow  
Howard, R.N., LuAnn – Scripps La Jolla  
Hudnet, R.N., Carlen – Rural/Metro Ambulance  
Idman-Gervais, R.N., Dianne – Sharp Grossmont  
Lozoya, Janice – NRSW Federal Fire  
Magana, M.D., Julia – UCSD/Rady EMS Fellow  
Ochs, R.N., Ginger – S.D. Fire Department  
Rosenberg, R.N., Linda – Sharp Memorial BHNC  
Rosenberger, R.N., Wendy – Tri-City Medical Ctr.  
Russo, R.N., Joe – Rural/Metro/CSA-17  
Seabloom, R.N., Lynne – Oceanside Fire  
Serra, M.D., John – UCSD  
Sullivan, Don – AMR  
Viora, Brian – National City Fire Department  
Wells, R.N., Christine – Scripps La Jolla

**I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS**

Michele Grad, M.D., called the meeting to order at 11:00 a.m.

Dr. Grad announced that Colleen Buono, M.D., would no longer be attending the BSPPC & PAC meetings. Chris Kahn, M.D., will be taking her place as the Base Hospital Medical Director for UCSD Medical Center.

**II. APPROVAL OF MINUTES**

**A motion was made by Ian Reilly, M.D., to approve the minutes from September 18, 2012, seconded by Ryan Smith, D.O. Motion carried.**

**III. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)**

- A. The Emergency Care Summit, formerly known as the Overcrowding Summit, is on October 25, 2012.
- B. The statewide disaster drill is scheduled for November 15, 2012, and will take place in the evening hours, from 7:00 to 11:00 p.m. It will be an earthquake scenario, and there will be a drill to evacuate neonatal intensive care unit patients.
- C. The Capacity Taskforce recently convened their annual fall meeting and made some changes to the capacity plan. These changes primarily had to do with the integration of skilled nursing facilities and changes in monitoring related to influenza.
- D. The importance of health care providers getting vaccinated against the flu was emphasized, as it is now flu season. In previous years, due to the H1N1 flu pandemic, the County was able to provide the vaccine for free, but that is not the case this year.
- E. Protocol review will be beginning shortly. Any input or suggestions can be submitted to County EMS. Some of the policies that will be looked at are fireline paramedic, infectious disease exposure, and trauma arrest policies. A pre-public comment draft of regulations for EMS for Children was due to the State recently. These regulations would categorize the level of care at hospitals, establish data collection instruments, and set personnel requirements. Paramedic regulations were also released for public comment.
- F. A letter regarding the use of personal cell phones in emergency departments was received by County EMS. There will be further communication on this topic in the future.
- G. The capacity report shows that volumes are up slightly as of late. In the months of July, August, and September 2012, there were over 15,000 ALS patients transported per month, which is an increase over the 12-month rolling average of 14,500. The number of patients whose requested hospitals were on bypass was also up slightly.

- H. Deaths related to prescription narcotics are up nationwide. There are different policies around the nation to combat this problem. EMOC had a meeting regarding this topic, and will make this a priority item.

**IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)**

- A. The November 15, 2012 statewide drill is the current priority for the Healthcare Disaster Council. An NDMS bed count will be due before noon for all hospitals. This will include ventilators.
- B. The California Hospital Association is currently holding their annual conference, from October 15-17, 2012.
- C. The ShakeOut drill is scheduled for Thursday, October 18.
- D. Mary Cavanaugh reported that everything went smoothly with the Miramar Air Show this year. Attendance was approximately 120,000 each day. There were about 195 patients treated, but fewer than 10 were transported.

**V. BEACON UPDATE (Gary Vilke, M.D.)**

Dr. Vilke was not at the meeting; there was no Beacon update.

**VI. ROC (Jim Dunford, M.D. for Dan Davis, M.D.)**

- A. Over 25 patients have been successfully enrolled in the Amiodarone, Lidocaine or Placebo Study (ALPS).
- B. The Biomarker Lactate Assessment of Shock in Trauma (BLAST) study has been closed, and results from the analysis are forthcoming. The results should be released within three to six months.
- C. There are studies currently going on in other regions, including one comparing continuous chest compressions versus a ventilation ratio of 30:2. San Diego is not participating in this study.
- D. The next planned study will examine the use of estrogen for traumatic head injuries.

**VII. PREHOSPITAL STUDY ON RADIO REPORTS (Lynne Seabloom, R.N., et al.)**

- A. Lynne Seabloom, R.N., of Oceanside Fire; Linda Allington, R.N., of Carlsbad Fire; Marilyn Anderson, R.N., of Vista Fire; and Jenny Duffy of Escondido/San Marcos Fire collaborated on a study intended to reduce radio traffic countywide.
- B. The goals of this study were to compare rapid radio reports (which North County agencies were trained in prior to the study) to regular radio reports, and to free up radio time for necessary medical direction. A secondary goal was to find ways to limit short ETAs and communication problems.

- C. The S-415 radio report policy was used for this study, and a sample of this was distributed to the meeting attendees. A standardized training was provided for everyone who participated and the EMS coordinators used standardized data collection tools. The EMS coordinators listened to and timed radio calls, for a period of about a month. The calls studied represent all seven base hospitals, and over 20 transport agencies.
- D. The primary research question for this study was whether there was decreased time spent on the radio using the rapid radio report. Secondary questions included how often medical direction was given, how often MICNs asked for additional information and how often medics were put on hold. The null hypothesis on the primary research question was that there would be no difference in time between the reports.
- E. There were 303 calls studied, total, with 125 rapid radio report calls and 174 regular radio report calls. (Four calls were not applicable to the study.) The difference in talking time was 11 seconds greater for regular radio reports than rapid reports. When taking into consideration the entirety of the time for the report, the difference was one minute and 13 seconds more. The null hypothesis was rejected.
- F. The conclusions of the study were that using the rapid radio report reduced radio time overall, and there were no problems in acceptance of this report format among the MICNs. It was found that with standing orders, there was a limited need for medical direction—84% of the calls in the study required no medical direction. Information had to be repeated over the radio approximately 20% of the time.
- G. Dr. Haynes stated he would like to take this back to staff that oversee communications, and bring a progress report to a future meeting.

#### **VIII. CITY OF SAN DIEGO EMS – MEDICAL DIRECTOR'S UPDATE (Jim Dunford, M.D.)**

- A. From 2007 to 2011, City EMS has reduced the transport time to a trauma center for a gunshot or stabbing patient from 9.4 minutes to 7.7 minutes.
- B. Cardiac arrest survival rates in San Diego are on par with those in other counties that participate in the Cardiac Arrest Registry to Enhance Survival (CARES). The key element of cardiac arrest survival is time. It is yet to be determined whether ALPS can make a difference in survival rates, but these results are forthcoming.
- C. Data were presented showing that for STEMI patients, completion of 12-leads and transport to the ER in under 30 minutes occurred for 92% of patients. Dr. Dunford believes that the metric for STEMIs should measure the time of completion of a 12-lead to implementation of first device, rather than measuring door-to-device time.
- D. The first attempt success rate by advanced airway of choice was presented, showing that, since 2008, success rates for Combi-Tube or King Airway have been higher than those for endo-tracheal tubes.

- E. In July, a change was implemented in the use of midazolam, disallowing use for those who were belligerent from alcohol. Since the change was made, no negative results have been noted.
- F. Customer service satisfaction scores from those who used the 9-1-1 system remain high this year.
- G. The San Diego Union-Tribune published a five-part series on frequent users of San Diego's emergency room system. There has been increased tracking of so-called "superusers" of the system, including mapping of their locations. Project 25 is a collaboration between different agencies, including law enforcement, emergency medical personnel, and prisons, to identify the 25 homeless individuals who incur the largest percentage cost to these agencies. These individuals are provided 3-year housing vouchers and supportive services and pre and post cost analyses will be conducted.
- H. The San Diego Beacon is an important tool for communication in the treatment of chronic EMS users. Real-time patient surveillance of vulnerable patients will allow for treatment plans and pertinent information to be shared between hospitals and other agencies.
- I. Two hospitals in San Diego have expressed interest in becoming comprehensive stroke centers.

#### **IX. ITEMS FOR FUTURE DISCUSSION**

There were no items brought up for future discussion.

#### **X. SET NEXT MEETING/ADJOURNMENT**

The next meeting is scheduled for November 20, 2012 in the Sharp Spectrum Auditorium. The meeting was adjourned at 12:10 p.m.